

# Janitorial Service Performance Customer Satisfaction Survey

Date: \_\_\_\_\_

\_\_\_\_\_ (Contractor Name) is submitting a proposal on a Federal Aviation Administration solicitation and provided your name as a customer reference. Part of our evaluation process requires information on the firm's past performance. Your input is important to us and responses are required by \_\_\_\_\_ (date & time) for inclusion of this evaluation. Your assistance is greatly appreciated.

**Please rate your current level of satisfaction with our overall service performance:**

\_\_\_\_\_ Excellent (5)    \_\_\_\_\_ Very Good (4)    \_\_\_\_\_ Good (3)    \_\_\_\_\_ Needs Improvement (2)

\_\_\_\_\_ Unacceptable (1)

Comments: \_\_\_\_\_

\_\_\_\_\_

**How quickly do we respond to your needs, requests, or complaints?**

\_\_\_\_\_ Excellent (5)    \_\_\_\_\_ Very Good (4)    \_\_\_\_\_ Good (3)    \_\_\_\_\_ Needs Improvement (2)

\_\_\_\_\_ Unacceptable (1)

Comments: \_\_\_\_\_

\_\_\_\_\_

**How would you rate the problem solving capabilities and follow-up of our Operations Management?**

\_\_\_\_\_ Excellent (5)    \_\_\_\_\_ Very Good (4)    \_\_\_\_\_ Good (3)    \_\_\_\_\_ Needs Improvement (2)

\_\_\_\_\_ Unacceptable (1)

Comments: \_\_\_\_\_

\_\_\_\_\_

**How would you rate the performance of our on-site employees providing janitorial services for your facility?**

\_\_\_\_\_ Excellent (5)    \_\_\_\_\_ Very Good (4)    \_\_\_\_\_ Good (3)    \_\_\_\_\_ Needs Improvement (2)

\_\_\_\_\_ Unacceptable (1)

Comments: \_\_\_\_\_

\_\_\_\_\_

**Your overall satisfaction in the following areas (please mark the appropriate rating with an “X”).**

	<b>Excellent (5)</b>	<b>Very Good (4)</b>	<b>Good (3)</b>	<b>Needs Improvement (2)</b>	<b>Unacceptable (1)</b>	<b>Not applicable</b>
Offices	_____	_____	_____	_____	_____	_____
Conference Room	_____	_____	_____	_____	_____	_____
Lobby/Entrance/Corridors	_____	_____	_____	_____	_____	_____
Restrooms/Locker Rooms	_____	_____	_____	_____	_____	_____
Medical/Physical Fitness	_____	_____	_____	_____	_____	_____
Cafeterias/Break Rooms	_____	_____	_____	_____	_____	_____
Tower Cabs	_____	_____	_____	_____	_____	_____

Organization Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Thank you for completing this survey.**

**THIS FORM IS TO BE COMPLETED BY THE CUSTOMER REFERENCED AND  
EITHER EMAILED OR FAXED DIRECTLY TO:  
Marjie.ctr.Brandeen@faa.gov  
OR FAX: 425-227-1156**